

BLOOMINGTON OFFICE
2817 Reed Road, Suite 2
Bloomington, IL 61704
309.663.1120 | 309.663.7277 fax
www.hjerpecpa.com

Eric Hjerpe, CPA
Brett Tennison, CPA, MBA



PEKIN OFFICE
1415 Valle Vista Blvd.
Pekin, IL 61554
309.346.4106 | 309.346.7300 fax
www.hjerpecpa.com

Welcome to Hjerpe & Tennison CPAS, LLC!

We take great pride in the clients we serve and will do everything we can to exceed your expectations. We sincerely believe in the value of relationships. We view every client relationship like a partnership, and genuinely believe our success only comes with your success. We are proud to serve as consultants to small businesses, entrepreneurs, nonprofit organizations, and individuals that value personalized, proactive service - and we are committed to being available year-round as a sounding board for any situations that may arise.

I have attached our Client Information Form. Please fill it out and return it to info@hjerpecpa.com; we will contact you to follow up with any questions you may have. Once you have agreed and decided to use our services, we will assign you an accountant and/or, bookkeeper and/or payroll preparer, who will be able to assist you with your accounting needs.

Please fill this out and return to us as soon as possible.

We are excited you have reached out to us to discuss your tax and accounting needs.

Sending Information to our Office (Our preferred method of delivery is our secure online SmartVault portal located at): <https://my.smartvault.com>

- You will receive a separate invitation to register from the accounting team. This is the most secure **AND** efficient way to send information electronically.

We will not accept any documents sent via Google docs – please use our secure SmartVault or online portal located at www.hjerpecpa.com.

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CLIENT INFORMATION FORM

GENERAL INFORMATION:

Complete Name: _____ Date of Birth: _____

Preferred Contact #: _____

Spouse's
Complete Name: _____ Date of Birth: _____

Preferred Contact #: _____

Address: _____

Phone: Home: _____ Work: _____

Fax: _____ Spouse Work: _____

Business E-mail Address: _____

Personal E-mail (s) _____

DEPENDENTS As stated on Social Security Card: (Needed if preparing 1040 tax return)
(Please use back if more space is needed)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Developing New Business: Yes No

Page 2 Name: _____

Please print

IF APPLICABLE:

Business Name (s) : _____

Year End (s): _____

Address: _____

Referred by: _____

Our fees for tax services will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement, plus out-of-pocket expenses. All invoices are due and payable upon presentation. [Amounts not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year). If for any reason the account is turned over to an attorney for collection, an additional charge of 33 1/3% will be added to cover collection costs.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. We will share the mediator's fees and expenses equally, but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. In order to allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law, except our final settlement positions at mediation shall be admissible in litigation solely to determine the prevailing party's identity for purposes of the award of attorneys' fees.

I have read the above statement and accepted the rates and charges on attached sheet.

Signature: _____ Date: _____

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RATES AND CHARGES AS OF JANUARY 2021

Eric & Brett - - - \$290 an hour

CPA/Accounting: - - - \$180 an hour

Payroll/Accounting: - - - \$120 an hour

Bookkeeping rate - - - \$85-\$125 an hour

Admin: - - - \$75 an hour

TAX RETURNS WILL BE BILLED AT THE HOURLY RATES & OUT OF POCKET COSTS.

Plus out of pocket costs (example Fed Ex Charges or registration fees)

NO extra fee for Electronic Filing

Payroll rates will be discussed if applicable and will be included in separate engagement letter.

Non-administrative telephone calls and emails are billable at our standard hourly rates.

We reserve the right to change our hourly rates.